
MENTAL HEALTH (THE DURHAM CENTER)

MISSION

The Durham Center is committed to helping individuals and families affected by mental illness, developmental disabilities, and substance abuse in achieving their full potential to live, work, and grow in their community.

We will provide leadership and will collaborate with others to assure a flexible, responsive and cost effective service system with priority assistance to Durham citizens who have limited service and/or financial options.

PROGRAM DESCRIPTION

The Durham Center is the local public mental health, developmental disabilities, and substance abuse authority responsible for a single county catchment: Durham County. N. C. General Statute 122C defines an area authority as a local political subdivision of the State, except for compliance with General Statute 159 (Budget and Fiscal Control Act) where it is considered a department of County Government. The Center is governed by an Area Board, with all Board members appointed by the Durham Board of County Commissioners. The Chief Executive of The Center is the Area Director, who works at the pleasure of the Area Board.

The Center is organized into 2 major Divisions: Administrative Services and Client Services. Administrative Services Division includes central administrative functions of executive management, executive clinical management, budget, finance, human resources, information systems, accounts payable processing, payroll coordination, contract management, reimbursement data processing, staff orientation/training, risk management, care coordination, prevention/education services, developmental disabilities single portal, evaluation, and standards/records. Client Services Division includes the service units for consumer screenings/intakes, treatment/support/habilitation, and crisis services: the Adult Services Unit; the Child, Youth, and Family Services Unit; and Crisis/Court Services Unit. These serve mentally ill, developmentally disabled, and substance abuse involved consumers.

2002-03 ACCOMPLISHMENTS

- Increased Medicaid billing by 50% (\$12 million to \$18 million).

- Completed initial Local Business Plan for DHHS approval. Over 150 different individuals participated. Participants included Durham Center board, management and staff, consumers and family members, current and potential service providers, and representatives from a broad base of public and private community entities, including social services, justice, housing, medical, local government, and advocacy organizations.
- Contracted with Orange-Person-Chatham Area Authority to operate Child and Family Mental Health Services in Durham. County employees transferred to O-P-C with identical salary and accumulated leave, and comparable benefits.
- Increased services during evening hours for adult substance abuse clients.
- Implemented policies and practices to ensure compliance with HIPAA security/confidentiality requirements.
- Established telephonic language translation services for non-English speaking clients.
- Designed and implemented a Provider Satisfaction Survey.
- Person Centered Planning was adopted as the core approach to establishing Service Plans with all consumers as the Agency standard. In this past year all staff members have been trained in the process that includes family centered treatment as a priority and encourages participation of family, loved ones, and other natural supports in service planning.
- Through a contractor, established an Assertive Treatment Team with a capacity to serve up to a 100 difficult and complex consumers, 70% of whom will have co-occurring substance abuse and mental illness issues.
- Published a Single Portal brochure with English and Spanish versions and distributed to 25 agencies/ businesses in the community.

2003-04 OBJECTIVES

Outcome 1: Increase Durham Center consumers' ability to live and participate in the community.

- Reduce by 25% the number of consumers' bed days in state psychiatric hospitals.
- 20% of adult consumers' changes in residence while in treatment will be toward more independent living arrangements.

- Reduce the number and length of out-of-home placements among child consumers at high risk for out-of-home placement by 25%.

MENTAL HEALTH (CONTINUED)

Outcome 2: Reduce of substance abuse among consumers in treatment for three months or more.

- Three months after starting treatment, 80% of consumers will have reduced the frequency of primary substance used; 30% of consumers will report abstinence.

Outcome 3: Reduce recidivistic arrests among consumers with a substance-related disorder.

- 80% of consumers involved with the criminal or juvenile justice system when beginning treatment will not be arrested while in treatment.
- Consumers who are active in treatment three months or more, less than 20% will be arrested in the 6 months post-treatment (sample of consumers).

Outcome 4: Among children attending Durham Public Schools, increase the likelihood of school success among children in treatment for six months or more.

- Increase the number of children with no suspensions or drop-outs from school by 25% among seriously emotionally disturbed children while in treatment for six months or more.
- 90% of seriously emotionally disturbed children in treatment for six months or more will be promoted to the next grade.

Outcome 5: Increase employment among adult consumers.

- Increase by 25% the number of adult consumers with developmental disability or serious mental illness who receive transitional or supported employment services and are placed in jobs in the community.
- Increase employment by 25% among consumers with a substance-related disorder who are in treatment three months or more (unemployed to employed; part-time to full-time).
- Establish procedures to better utilize the Consumer and Family Advisory Committee. Recruit a broader range of members from disability and age groups.
- Implement the transition to the new state billing system, IPRS. Train employees on new system to obtain maximum revenue.
- Change prevention services to science-based curricula. Develop an outcome measurement system for prevention services.

- Conduct or participate in at least five community education/health fair events.
- Establish Provider Relations Committee to enhance collaboration and partnership between the Area Authority and its provider network.
- Reduce the number of admissions to state psychiatric hospitals by 35% from 19,300 bed days to 12,550 bed days.
- Increase the capacity for Assertive Community Treatment Team services from 100 consumers to 200.
- Increase productivity of clinical staff from an average of 65 hours per month to an Agency standard of 82 hours.

2003-04 Highlights/Significant Changes

Significant statewide uncertainty and debate continues over the changes necessitated by mental health reform. However, with the reform in full swing, several important decisions have been made and will be implemented during the coming year. The Durham Center will be divesting itself from most of its direct care functions and will be rapidly evolving into a management organization. We will be selecting providers to perform many of the services that we used to provide. Many of our employees' jobs will also migrate to the new providers. We plan for these fundamental changes to occur without degradation of service to our clients or major disruption in the careers of our employees.

Implemented a modified zero-based process for 2003-04 budget, with participation from community advocates, Area Board members, and management staff.

Budget priorities for 2003-04 are focused on developing (through contracts) a comprehensive crisis services system, employment, and housing for all disabilities; services for substance abuse, and local Intensive Residential Treatment facilities for youth who are emotionally disturbed or mentally ill (known as Level IV group homes).